

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **1010.31180** FILED DATE
AFFIDAVIT

	AS FILED		BEFORE AMENDMENT		AFTER 2ND AMENDMENT		CLARKS
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TOTAL REQ.	2		1		1	
TOTAL DER.	53		26		19	
TOTAL CLARKS	55		27		20	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS